

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name <u>Santa Clara County Probation / James Ranch</u>		Date Stamp <u>RECEIVED</u> <u>San Jose City Clerk</u> <u>2016 OCT 28 AM 10:13</u> <u>CP mail</u>	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>JAMES Ranch / Juvenile Probation</u>			
Designated Agency Contact (Name, Title) <u>MARNET Williams / Probation Counselor</u>		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number <u>408-201-7600</u>	E-mail <u>Marnet.Williams@pro.sccsn.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 89.00

Event Description: Professional Bull Riders Date(s) 10/15/16 10/16/16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Santa Clara County Probation</u> <u>JAMES Boys Ranch</u>	<u>12</u>	<u>Help Promote Diversity & Cultural Awareness in the Community. These young youth have never attended any such events.</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Marnet Williams Probation Counselor II 10/29/16
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____